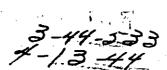
MISSOURI STATE BOARD OF HEALTH **FILED APR 19 1944** BUREAU OF VITAL STATISTICS PHYSICIANS should\state PATION is very important. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No. (a) County... Primary Registration District No. Registered No. (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. .7 mos. (f) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred (If nonresident, give city or town and State) (Usual place of abode, if no street address, write county or city) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above. at. 7. AGE If LESS than I The principal cause of death and related causes of importance were as follows: DAYS YEARS MONTHS day,hrs. 12 properly classified. Date of onset ormin. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) occupation... Every item of information snows or care, of OF DEATH in plain terms, so that it may be 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) What test confirmed diagnosis?... ... Was there an autopsy?..... 15. MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT MA (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION 24. Was disease or injury in any way related to occupation of deceased?... 19. FUNERAL DIRECTOR If so, specify Local Registrar (Licensed Embaimer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by	
, Registered Apprentice No	

working under my personal supervision.

P. O. Address.

Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.